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ABSTRACT

This study was a preliminary step in gathering reliable data on suicides and suicide attempts in Padua, Italy. Data were collected from the first aid department of the Padua general hospital, 67 general practitioners in the city, staff of a night-time and holiday home-call medical service, the reanimation department of the Padua general hospital, the Padua local authority registry offices, and the Padua University Institute of Legal Medicine. Of the 259 cases identified as residents of Padua, 36 cases represented successful suicides and 223 were unsuccessful attempts. Most were identified at the first aid department of the Padua general hospital. Individuals who committed successful suicides were much older than attempters. Many of the cases who committed suicide were married and were retired or housewives, with a primary school level of education. There was a five-to-four ratio of males to females among successful suicides, whereas the ratio in cases of attempted suicide was six females to every four males. Suicides were committed mainly by hanging, using firearms, and drowning. Among the attempted suicides, 72.6% used overdoses of drugs. Comparison of the data obtained in Padua with the data supplied by the Italian Statistics Institute suggests that the Statistics Institute data is unreliable and without any useful scientific foundation. It appears likely that the real number of suicides could be twice that indicated by official reports. (NB)

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THE QUEST FOR RELIABLE EPIDEMIOLOGICAL DATA ON SUICIDE: The Padua Sample

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Considering the apparent relevance that suicidal behaviour has come to have in our country in recent years, there is a surprising lack of reliable data available on the subject.

In the case of attempted suicides, one of the main reasons for this lack of information stems from the fact that the item "attempted suicide" is not included in the classification of traumas, diseases and causes of death (ICD 9) used by the hospital admission services and national statistics services.

As for successful suicides, the main source of information is provided by doctors performing autopsies who may tend, for a variety of reasons, to omit that the death was caused by a suicidal act. In short, it may be that only the most obvious out of an unknown percentage of cases are accounted for, such as cases in which the legal authorities call for a medico-legal examination due to particular circumstances related with the death.

This explains why the Italian Statistics Institute (1) can claim that there were 3,679 cases of suicide and 1,826 cases of attempted suicide in Italy in 1985.

Besides any other considerations, these data lead us to think

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that in Italy the ratio of suicides to attempted suicides is 2-to-1, which would be very noticeably in contrast with the ratio existing in all other Western-world countries (2).

It is well known that, in studying suicide from an epidemiological point of view, the major problem is represented by the choice of sources for collecting data. In 1974, Weissman (3) examined a good deal of information presented in literature on the subject of attempted suicide in various countries in the Western world, noting how the source of information generally differed from country to country and even from town to town: admission into a general hospital, stays in hospital for at least 24 hours, hospitalization in mental health clinics, attendance at specialized regional treatment centers, police registers, general practitioners. The majority of the authors took one or, at the most, two possible sources of information into account.

Another aspect of the problem is represented by the number or attempted suicides which do not come to the notice of any sanitary organization.

A further emblematic aspect regards terminology: we know that a variety of types of behaviour are brought under the heading of attempted suicide, from acts that actually endanger life to less serious gestures that have more to do with the range of reactions that an individual may have when going through a crisis, most of which do not cause death.

In this work, which we view as a preliminary stage, our aim is above all to seek an approach for these difficulties, probing the

nature of a situation which still goes mainly unnoticed by scientific research, both in our local context and more generally throughout the country.

MATERIALS AND METHODS

The city of Padua has a population of about 240,000, with a university/hospital complex, a geriatric hospital with no first aid department and an orthopaedics/traumatology hospital. General medical aid is organized on a territorial basis. There is a night-time and holiday home-calls service available. Psychiatric assistance is provided by three psychiatric services, one of which is managed by the University's Psychiatric Clinic and is organized on the basis of a rigid territorial jurisdiction.

The general hospital has a first aid department and also a psychiatric first aid service.

In this work we have attempted to evaluate how much information was provided on attempted suicides by the various sanitary organizations in the city, trying to emphasise the relative weight each structure could have in supplying useful data when considered separately.

The sources of information we took into consideration were as follows.

<u>The first aid department of the Padua general hospital</u>: we asked for co-operation from the doctors on duty who filled in a form for each case of attempted suicide that came up at the first aid

department. We also cross-checked the data obtained by examining all the hospital-admission reports.

The general practitioners operating in the areas of the town coming within the territory of our clinic: we only contacted the group of doctors for our area, partly because of the excessive amount of work that would have been involved in trying to contact all the G.P.s in Padua and partly because these doctors' patients rely on our clinic for psychiatric assistance. This provided a means of improving the quality of relations between the general practitioners and the psychiatrists.

Eighty-six G.P.s work in the territory covered by our clinic: 67 doctors, responsible for a total of 72,089 patients, agreed to co-operate. For six months (from May to December 1986), they were contacted fortnightly by telephone; they were asked for information regarding both the attempted suicides they had dealt with directly and those which they had heard about afterwards, either from the person involved or from a member of his family.

The night-time and holiday home-call medical service: some forms were left at the service's headquarters and a psychiatrist visited the doctors regularly to collect information.

The Reanimation department of the Padua general hospital, as it receives the more serious cases of attempted suicide which are sometimes not mentioned by the doctors in the first aid department because the emergency conditions call for such speedy admission procedures. Moreover, serious attempted suicide cases

among patients in the hospital are sometimes sent straight from any other ward to the reanimation department.

The Padua Local Authority Registry Offices, which keep the records of births and deaths in the municipality's population, where it should theoretically be possible to identify all cases of death by suicide.

The Padua University Institute of Legal Medicine: where autopsies are carried out on the cases of death for which the legal authorities call for dissected examination.

From the practical viewpoint, we considered as "cases" any subjects who had made more or less proper use of suicidal methods as such and had therefore been mentioned by one of the above-listed medical structures. There is no doubt whatever as to the definition of the cases of successful suicide.

RESULTS

367 cases were identified in this way. Of these, a significant percentage (108 cases, 29.42%) were not resident in the city of Padua and therefore had to be excluded from our studies because our reference sample of general population was taken as the inhabitants of the municipality.

Such a high percentage of non-residents is partly explained by the fact that Padua has a large university with about 60,000 students, a considerable number of which (about 25,000) live in the city even if they are not registered as residents. We also noticed that part of the cases that were neither residents nor

students had arrived from towns where a local hospital was available; this suggests a certain tendency in the suicide attempters or their families to prefer a larger hospital complex. As for the 259 cases taken into consideration, 155 were identified at the first aid department's general medicine section and 19 at its surgical section, 25 cases were identified at the Reanimation department and 31 cases were found by the general practitioners, while 29 were established from deaths indicated in the municipal births and deaths records and from the Institute of Legal Medicine.

No cases were recorded by the night-time home-call medical service. Probably a visit by an unknown doctor provided with a limited arsenal of therapeutic support is viewed as inappropriate in cases of attempted suicide.

Description of the sample observed

As illustrated in Table I, from the point of view of social status, the unmarried are the most amply represented (43.24%) and there is a total of 58.67% of people living alone. It is remarkable that the profession and, even more surprisingly, the level of education are unknown in a considerable number of cases. We found that this largely depends on the first aid department doctors' scarse attention to asking for details and it proved impossible to recapture such information from other sources (such as the family doctors).

There are other points worth mentioning as regards the cases of

attempted suicide. First of all, the methods used (as illustrated in Table II) point to a marked difference between the groups of those who attempted suicide and those who committed suicide. The very high percentage of suicidal attempts with drugs (72.6%) is immediately apparent, though only one person actually committed suicide with drugs. The swallowing of caustic agents takes second place (6.6%), followed by cutting of the veins (4.5%) - usually superficially or in the wrong places. On the other hand, the majority of suicides were committed by hanging (30.6%), followed by the use of a firearm (22.2%), drowning (19.5%) and defenestration (11.1%) (three of the four recorded cases of defenestration occurred during stays in the general hospital). It is worth noting that these methods alone account for 83.4% of the total number of suicides. Only two subjects (5.5 %) resorted to more than one method (gas + drugs), as opposed to the 17 attempted suicide cases (8%) using multiple methods. While the only recorded case of suicide committed with drugs made use of a cocktail of various substances (anti-depressants, neuroleptics and benzodiazepine), the drugs taken by the majority of the 77 cases of attempted suicide (including those resorting to more than one method) were identifiable with a fair degree of reliability. A detailed examination of the drugs taken with suicidal intentions is given in Table III.

As for the history of the cases investigated, previous attempts at suicide were recorded in 54 subjects from the group that attempted suicide (24.2%) and in 15 subjects (44%) from the group

that committed suicide. However, we must bear in mind that other subjects may have had a history of previous suicidal attempts which were not apparent from the somewhat scanty anamnesis available in many cases, so the percentage could not be accurately established.

Some of the subjects proved to have tried several suicidal acts in the course of the same year. 21 subjects in all had made more than one attempt: 16 had two attempts, 3 had three attempts and 1 had five; one person who committed suicide by hanging had taken an overdose of drugs a month beforehand.

In 54 subjects from the group of attempted suicides, their anamnesis indicated at least one stay in a psychiatric hospital. The diagnoses on hospitalization had been classified as: (a) neurotic spectrum disorders (especially depressive-anxious types) in 17 cases; (b) 11 major affective disorders; (c) 10 cases of schizophrenic disorders; (d) 16 subjects diagnosed for substance abuse disorders (especially alcohol). In the group of subjects who committed suicide, there was a psychiatric diagnosis for 17 cases, 12 of which were major depressive disorders, 3 were schizophrenic disorders, 1 was a substance abuse disorder and 1 was a dysthymic disorder (see Table IV).

After the suicidal attempt, 30 people were taken into a psychiatric hospital within seven days, while another 9 were hospitalized at various later times, but all within a year of the event.

If we go on now to the correlation matrices between the different variables and start examining the relationship of the variables "age", "sex", "previous suicidal attempts" and "previous stays in psychiatric hospitals" with the suicidal techniques used, some preliminary observations can be made on the group of attempted suicides.

First of all, the age appears positively related to methods rather typical of older age-groups such as drowning ($p < .011$), firearms ($p < .020$) and defenestration ($p < .049$). The female sex is negatively correlated with hanging ($p < .007$) and, strangely enough, with swallowing of caustic agents ($p < .001$), while it is positively correlated - as was to be expected - with overdoses of drugs ($p < .001$). Both previous attempts at suicide and previous stays in psychiatric hospitals appeared positively associated with cutting of the veins ($p < .013$) (see Table V).

Correlating the main social-demographic features brought out the association between previous attempts at suicide and the conditions of being unmarried ($p < .000$), housewives ($p < .039$) and unemployed ($p < .004$), while the correlation proved the reverse for students ($p < .004$). Previous stays in psychiatric clinics proved positively associated with the conditions of being separated ($p < .001$), housewives ($p < .014$) and retired ($p <$

VI). It is also worth noting the strong correlation between previous attempts and the diagnosis of affective disorders ($p <$

$< .018$) (see Table VII).

As regards the sub-group of successful suicides, the only significant correlations observed in the suicidal tehcniques concerned hanging in the subjects over 65 years old ($p < .010$ with $r = .65$) and the association between the male sex and firearms in the younger subjects ($r = .38$ and $p < .032$). In this same group of subjects, defenestration proved inversely correlated with age ($r = .40$ and $p < .024$). Of course, the suicide group also showed a marked relationship between the diagnosis of affective disorders (by far the most common) and previous attempts ($p < .000$) as often reported in other literature. As Table I shows, the suicides proved much older than the attempted suicides (56.44 versus 33.49); the relationship between the sexes proved significantly different ($p < .001$) with a clear predominance of females who attempted suicide while the males prevailed slightly among those who committed suicide. The social status also showed important differences when comparing the two groups: suicides were four times more frequent among married people than among the widowed and the single, while the attempted suicides among the unmarried represented about half the population considered, in which the married accounted for less than a quarter of the sample (see Table I).

The retired sadly account for the highest total number of deaths (30.55%), followed by the housewives (19.44%).

The working population (blue-collar workers, white-collar

workers, self-employed, management staff) is represented by the same percentage in all the above-mentioned groupings (8.3%). In the group of attempted suicides, the highest percentage is represented by the self-employed (though this does not include professionals) with 18.9% . For 16.6% of cases, the profession was not indicated by either the first-aid center or the family doctor. The other significant percentages regard housewives (14.8%) and equal numbers of the retired and the unemployed (13%). As already mentioned, the subjects' level of schooling was not classified in a very large number of cases (n=164) which makes it impossible to establish any connections between suicidal acts and educational levels. However, we were able to observe that more than half of the people who committed suicide (55.6%) had a primary school education. As regards the distribution of suicidal acts during the course of the year we were considering (1986), we find that the most significant month was June (see the graph), especially in the case of the suicides attempted and committed by men (see graph 2). The next highest peak was recorded in September, for the women this time. On the other hand, looking at Graph 3, we can see that the maximum number of deaths (7) occurred in October, followed by June (6). No deaths were recorded in November.

CONSIDERATIONS ON THE SOURCES OF INFORMATION

Particular attention goes to the data obtained from the different sources activated and consulted during the course of our study.

First of all, the data obtained from the Padua General Hospital's main first aid center (see Table VIII) - if we had based our study on the cases of attempted suicide resulting from the first aid center alone, as we have done in the past and as is common practice, we would have had direct knowledge of 172 cases (77.1%), plus a further 5 known cases mentioned by the family doctors, plus another 15 cases (perhaps) recorded by the Reanimation department and not the first aid center, in the sense that the hospitalization reports had to be checked in order to verify the subjects' passage through the first aid center. So we could say that 192 cases (86%), at the most, could have been identified at the first aid center. 10 cases identified by the Reanimation department were not recorded in the first aid center and 21 cases were only reported by the general practitioners. It is worth emphasizing that our co-operation with the G.P.s lasted six months and included 67 doctors. It may be that the cases observable by the G.P.s could represent a much higher number, bearing in mind that the doctors we contacted accounted for about a third of the overall population of Padua and that the data obtained from them only covers half the observation period as a whole. Probably the number of cases reported by the G.P.s could even be multiplied by six, taking a hypothetical pool of about 120 cases from which, after subtracting the 21 cases we recorded, we could assume that the attempted suicides coming into contact with a sanitary organization would be about 320 to 330 a year in a city like Padua. It could also be deduced that the data coming

from the first aid center alone would indicate only about 60% of the attempts made.

The situation for the successful suicides seems no better, considering that the Death Registers reported 30 cases of suicide, whereas we had identified 36 cases. Certainly the most surprising element on this point regards the 5 cases of suicide (13.9%) reported to us by the family doctors - the families concerned had asked for these cases not to be reported to the authorities as suicides. We must necessarily apply the same reasoning to this information as explained above for the attempted suicides, i.e. once again the number of deaths could be hypothetically multiplied by six and thus give a total number of suicides around 60, which is practically twice the number reported.

Another, apparently less influential, reason for elements "escaping" from the suicide reports is represented by the situations in which the suicidal act causes the subject to be taken into a hospital ward where he later dies. In these cases, the report only mentions the contingent cause of death (such as heart failure, acute renal deficiency, etc.). Our study revealed only one case of this kind, but we must admit that we did not include all the hospital wards in our investigation so presumably this aspect can be considered as a further element in the underestimation of the total number of suicides.

Finally, reference must be made to the situation in the

territorial psychiatric services which do not represent a source of information in this study. Anyone working in this kind of structure knows perfectly well that suicides are often attempted, and sometimes committed, within these structures which are not normally reported in the official statistics. In our clinic, more or less effective suicidal acts occur at a frequency that we can estimate at about 20 cases a year. The situation in the other two psychiatric services in Padua and in the old provincial psychiatric hospital should be much the same.

CONCLUSIONS

From our network of sources of information, we obtained reports of 259 cases of suicidal acts among the resident population of the city of Padua in the course of 1986. Of these, 36 cases succeeded and 223 failed. A previous study carried out by our group in 1983 on the attempted suicides recorded by the main first aid center over a six-month period (5) had found 81 cases. Consequently, on the basis of this source of information alone, it would seem that the trend in suicide attempts has remained more or less the same over the past three years.

The subjects who succeeded in committing suicide proved much older than those who attempted suicide (56.44 versus 33.49 years old). Many of the cases who committed suicide were married and were retired or housewives, with a primary school level of education. There was a five-to-four ratio of males to females, whereas the ratio in the cases of attempted suicides was quite

the reverse, in favour of the women (6 to 4). The suicides were committed mainly by hanging (especially in the older subjects), using firearms (especially in the young) and drowning (young and old, mainly women). Among the attempted suicides, 72.6% used overdoses of drugs. Previous attempts at suicide were noticeably present in both the subjects who died (44%) and those who survived (24.2%). From the point of view of psychiatric conditions, the presence of major affective disorders was very noticeable among those who committed suicide (33.3%)

The decision to expand the network of sources of information to various organizations proved useful in considering both the attempted suicides and the successful suicides. 86% of the attempted suicides were reported by the first aid center but, as already mentioned, the family doctors can come into contact with a number of suicidal acts which do not reach the official reports. The role of the G.P.s also proved very important in the probable under-estimation of the suicides actually committed. In our study, 5 cases of suicide (13.9%) were not registered as such by the legal authorities and it is reasonale to assume that the real total number could be much higher.

When we think that the data supplied by the Italian Statistics Institute indicates a total of 1,826 attempts at suicide throughout Italy in 1985, and that the situation in Padua certainly cannot be considered as exceptional by comparison with other towns in Northern Italy, we can deduce that the data is absolutely unreliable and without any useful scientific

foundation of any kind. On the other hand, even the official data on suicides actually committed in Italy in 1985 talks of 3,679 cases - which means that Padua would have answered for a number only a hundred times lower than the national figure. As the population of Padua is 240,000 and by multiplying this number by a hundred the result is not even half the Italian population as a whole, which is 56 million, it is therefore likely that the real number of suicides could be double that indicated by the official reports.

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TABLE 1

Characteristics of the Sample

(Suicide Attemptors + Suicides)

	Attemptors	Died	All
MEAN AGE	33.49±17.3	56.44±15.7	40.16±18.3
SEX RATIO (m/f)	90/133	20/16	110/149
MARITAL STATUS:			
married	50 (22.5%)	22 (61.1%)	72 (27.9%)
unmarried	106 (47.5%)	6 (16.7%)	112 (43.2%)
widowed	19 (8.5%)	6 (16.7%)	25 (9.6%)
divorced	1 (0.4%)	0 -	1 (0.3%)
separated	14 (6.4%)	0 -	14 (5.5%)
unknown	33 (14.7%)	2 (5.5%)	35 (13.5%)
	223(100.0%)	36(100.0%)	259(100.0%)
JOB OCCUPATION:			
student	20 (8.9%)	0 -	20 (7.7%)
whitecollar worker	8 (3.5%)	3 (8.3%)	11 (4.3%)
bluecollar worker	10 (4.5%)	3 (8.3%)	13 (5.0%)
unemployed	30 (13.5%)	2 (5.6%)	32 (12.3%)
housewife	33 (14.8%)	7 (19.5%)	40 (15.5%)
pensionner	30 (13.5%)	11 (30.6%)	41 (15.8%)
manager	0 -	3 (8.3%)	3 (1.1%)
trader	42 (18.9%)	3 (8.3%)	45 (17.4%)
prisoner	13 (5.8%)	1 (2.8%)	14 (5.4%)
unknown	37 (16.6%)	3 (8.3%)	40 (15.5%)
	223(100.0%)	36(100.0%)	259(100.0%)
EDUCATION LEVEL:			
primary school	15 (6.7%)	20 (55.6%)	35 (13.6%)
Intermediate school	24 (10.8%)	3 (8.3%)	27 (10.4%)
high school	22 (9.9%)	5 (13.9%)	27 (10.4%)
university	3 (1.3%)	3 (8.3%)	6 (2.3%)
unknown	159 (71.3%)	5 (13.9%)	164 (63.3%)
	223(100.0%)	36(100.0%)	259(100.0%)

TABLE 2
Suicidal Methods

	ATTEMPTORS	DIED	ALL
HANGING	4 (1.9%)	11 (30.6%)	15 (5.8%)
DROWNING	2 (0.9%)	7 (19.5%)	9 (3.5%)
GAS	2 (0.9%)	0 -	2 (0.8%)
DRUGS	162 (72.6%)	1 (2.8%)	163 (62.9%)
CUTTING VEINS	10 (4.5%)	1 (2.8%)	11 (4.2%)
FIREARM	1 (0.4%)	8 (22.2%)	9 (3.5%)
JUMPING FROM A HEIGHT	4 (1.9%)	4 (11.1%)	8 (3.1%)
RUNNING IN FRONT OF A VEHICLE	1 (0.4%)	2 (5.5%)	3 (1.1%)
SELFPOISONING WITH CAUSTICS	15 (6.6%)	0 -	15 (5.8%)
OTHER	5 (2.2%)	0 -	5 (1.9%)
Multiple Suicidal Methods:			
DRUGS + GAS	6 (2.7%)	2 (5.5%)	8 (3.1%)
DRUGS + CUTTING VEINS	4 (1.9%)	0 -	4 (1.5%)
CUTTING VEINS AND THROAT	1 (0.4%)	0 -	1 (0.4%)
DRUGS + CAUSTICS	2 (0.9%)	0 -	2 (0.8%)
DRUGS + HANGING	2 (0.9%)	0 -	2 (0.8%)
CUTTING VEINS + HANGING	2 (0.9%)	0 -	2 (0.8%)
	223(100.0%)	36(100.0%)	259(100.0%)

TABLE 3

Drugs Used in Suicide Attemptors Group

(n=177)

DRUG	n	%
Benzodiazepines*	63	35.6
Antidepressants*	15	8.5
Neuroleptics*	13	7.3
Aspirin	11	6.2
Barbiturates	9	5.1
Polipharmacy (mainly benzodiazepines)	28	15.8
Unidentified	38	21.5
ALL	177	100.0

*) These variables were correlated with previous psychiatric admissions as follows:
BZD - r=.19, p .003;
TCA - r=.12, p .035;
NL - r=.23, p .000

TABLE 4

Psychiatric Antecedents

(Previous Hospital Admission Diagnoses)

	Suicide Attempters (n=223)	Suicides (n=36)	All (n=259)
Neuroses	17 (7.6%)	1 (2.8%)	18 (6.9%)
Major Affective Disorders	11 (4.9%)	12 (33.3%)	23 (8.8%)
Schizophrenic Disorders	10 (4.5%)	3 (8.3%)	13 (5.0%)
Substance Abuse Disorders	16 (7.2%)	1 (2.8%)	17 (6.6%)
ALL	54 (24.2%)	17 (47.2%)	71 (27.3%)

TABLE 5

Correlation Matrix Among Age, Sex, and Suicidal Methods

(Suicide Attempts)

	AGE	SEX	HANGING	DROWNING	GAS	DRUGS	CUTTING	FIREARM	JUMPING	CAUSTICS	VEHICLE
AGE	-	NS	NS	r=.15 p .011	NS	NS	NS	r=.13 p .020	r=.11 p .049	NS	NS
SEX	NS	-	r=-.16 p .007	NS	NS	r=.20 p .001	NS	NS	NS	r=-.21 p .001	NS
PREVIOUS ATTEMPTS	r=.14 p .017	NS	NS	NS	NS	NS	r=.15 p .013	NS	NS	NS	NS
PSYCHIATRIC HISTORY	NS	NS	NS	NS	r=.16 p .006	NS	r=.15 p .013	NS	NS	NS	NS

TABLE 6

Correlation Matrix Among Age, Sex, and Sociodemographic Characteristics

(Suicide Attempts)

	Unmarried	Separated	Married	Widowed	BlueColl. Workers	White Coll. Workers	Students	Pension.	House-wives	Unemployed
AGE	r=-.57 p .000	NS	r=.38 p .000	r=.41 p .000	NS	NS	r=-.24 p .000	r=.63 p .000	r=.20 p .001	r=-.20 p .001
SEX	NS	NS	NS	r=.15 p .010	NS	NS	NS	NS	r=.34 p .000	NS
PREVIOUS ATTEMPTS	r=.25 p .000	NS	NS	NS	NS	NS	r=-.17 p .004	NS	r=.11 p .039	r=.17 p .004
PSYCHIATRIC HISTORY	NS	r=.19 p .001	NS	NS	NS	NS	r=-.14 p .018	r=.14 p .015	r=.14 p .014	NS

TABLE 7

Correlation Matrix Among Age, Sex, Education Level, and Psychiatric Diagnosis

(Suicide Attempts)

	None	Primary School	Intermed. School	High School	Univ.	Schiz. Disord.	Affect. Disord.	Subst. Abuse	Neurosis
AGE	NS	r=-.15 p .010	r=-.26 p .000	r=.13 p .024	NS	NS	NS	r=-.19 p .002	NS
SEX	r=-.11 p .044	NS	NS	NS	NS	NS	r=.14 p .014	NS	NS
PREVIOUS ATTEMPTS	r=.16 p .006	NS	NS	NS	NS	r=.17 p .005	r=.30 p .000	r=.14 p .018	NS
PSYCHIATRIC HISTORY	r=.16 p .006	NS	NS	NS	NS	r=.28 p .000	r=.35 p .000	r=-.15 p .012	r=.23 p .000

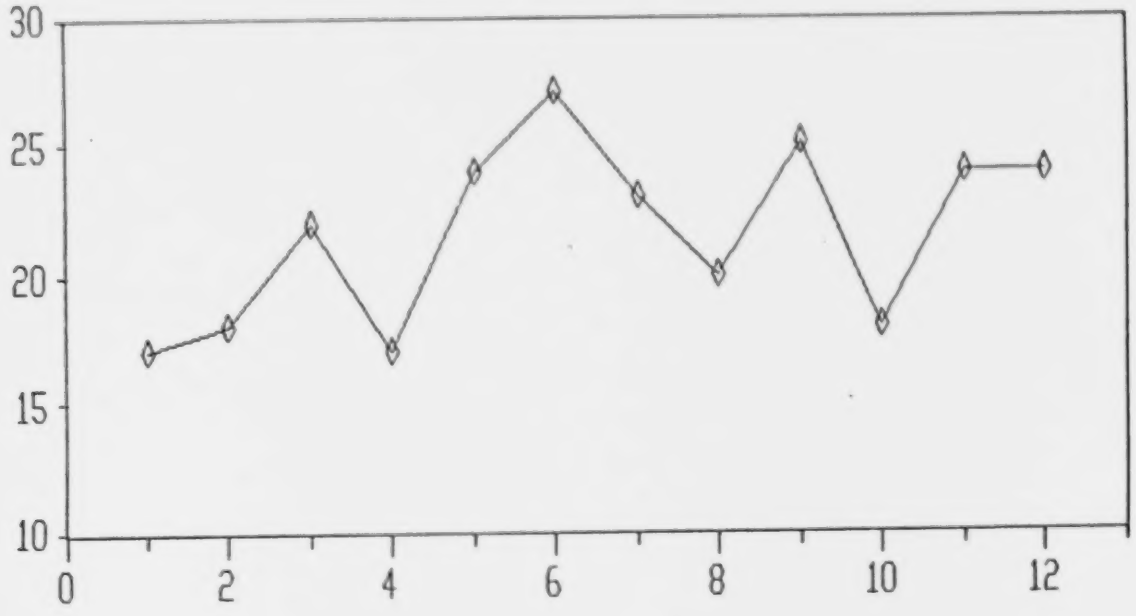
TABLE 8

How Cases Are Detected

	one detector only				several detectors				
	Emergency Wards	General Pract.s	Intensive Care Unit	Register of Deaths	Emergency Wards + Intensive Care Unit	Emergency Wards + Intensive Care Unit + Reg. of Deaths	General Pract.s + Reg. of Death	General Pract.s + Emerg. Wards	Emergency Wards + Register of Deaths
ATTEMPTED SUICIDES	172 (77.1%)	21 (9.4%)	10 (4.5%)	-	15 (6.7%)	-	-	5 (2.2%)	-
SUICIDES	-	5 (13.9%)	-	22 (61.1%)	1 (2.8%)	3 (8.3%)	4 (11.1%)	-	1 (2.8%)

Graph 1

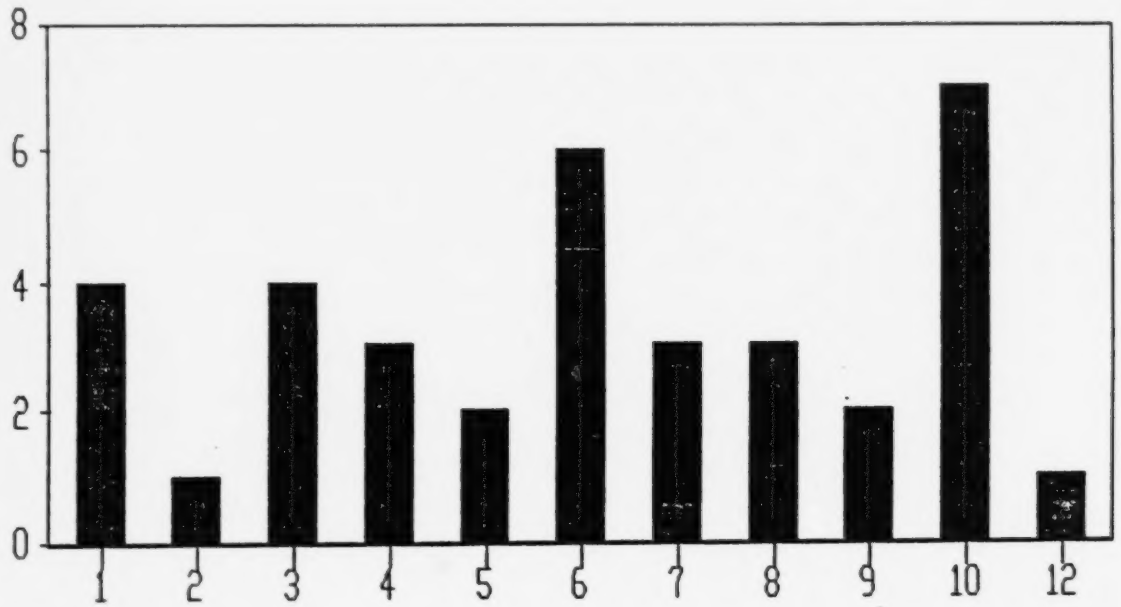
Distribution of Suicidal Drive, 1986 (Padua)



⊢ EPID.SUIC.

Graph 3

Distribution of Suicides, 1986 (Padua)



■ Suicide

Graph 2

Distribution of Suicidal Drive, 1986 (Padua)